

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$920.80 for date of service 01/23/01.
- b. The request was received on 01/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. TWCC 66c forms
 - c. Letter to Compliance and Practice dated 10/11/01
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

According to the TWCC Dispute Resolution Information Case Activity Log, Seq.#10, dated 07/02/02 indicates, "Additional information submitted IC; no response as of today." However, there is no indication that additional documentation was received from the requestor. Therefore, Insurance Carrier has not been sent additional information and as a result, has not responded. Insurance Carrier has not responded to the initial dispute as well. All information in the dispute packet will be used in the decision. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Did not submit a letter requesting dispute resolution.
2. Respondent: No response found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/23/01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/23/01	Oxycontin 40 mg 30 tablets	\$279.91	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00	MFG; Pharmaceutical Fee Guideline; (II) (A) (2) (II)(B)	The carrier did not respond to the dispute. There were no EOBs found in the dispute packet. Therefore, the dispute will be reviewed as a fee. The provider billed in accordance with the referenced Rule. Therefore, reimbursement is recommended in the amount of \$920.80.
	Zanaflex 4 mg 30 tablets	\$116.62	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00		
	Celebrex 200 mg 30 tablets	\$168.60	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00		
	Neurontin 600 mg 30 tablets	\$270.36	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00		
	Zoloft 100 mg 30 tablets	\$85.31	\$0.00	No EOBs	AWP/unit x number units x 1.09 +\$4.00		
Totals		\$920.80	\$0.00				The Requestor is entitled to reimbursement in the amount of \$920.80

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$920.80 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of February 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb